

DOCUMENT NUMBER

1. AGENCY NAME		4. POSITION NUMBER	
		<div style="display: flex; justify-content: space-between;"> <span>(Agency)</span> <span>(Unit)</span> <span>(Class)</span> <span>(Serial)</span> </div>	
2. SOCIAL SECURITY NUMBER	3. NAME		
5. EFFECTIVE DATE	6. ACTION TYPE <input type="checkbox"/> NEW <input type="checkbox"/> MODIFICATION OR CORRECTION OF ITEM _____ <input type="checkbox"/> CANCELLATION OF GARNISHMENT <b>ORIGINAL EFFECTIVE DATE</b> _____		
7. PAY FREQUENCY <input type="checkbox"/> MONTHLY <input type="checkbox"/> SEMI-MONTHLY <input type="checkbox"/> BIWEEKLY			
8. GARNISHMENT TYPE (038) A. <input type="checkbox"/> COURT ORDERED ASSIGNMENT OF WAGES (ONGOING SUPPORT) (FC 150 et seq., 5200 et seq. or PC 3088) \$ _____ (Monthly Amount) <input type="checkbox"/> DEDUCTION AMOUNT CHANGED FROM \$ _____ \$ _____ (Deduction Amount per Pay Period) <input type="checkbox"/> EMPLOYEE HAS OTHER DEDUCTIONS PER FC 150 et seq., 5200 et seq. or PC 3088			
		9. TOTAL GARNISHMENT AMOUNT	
B. (339/002) <input type="checkbox"/> EARNINGS WITHHOLDING ORDER FOR SUPPORT - ARREARAGES (CCP Section 706.030 ,706.052, and 706.070 et seq.) (including FTB Child Support Collection Program, Revenue & Taxation Code 19271)		\$ _____	
C. (339/003) <input type="checkbox"/> CERTIFICATION OF FACTS-- FEDERAL TAX LEVY (GC 926.8)	(1) NUMBER OF DEPENDENTS (Must be at least one for employee) _____	(2) STANDARD DEDUCTIONS <input type="checkbox"/> 1 - SINGLE <input type="checkbox"/> 3 - MARRIED FILING SEPARATELY <input type="checkbox"/> 2 - MARRIED FILING JOINTLY <input type="checkbox"/> 4 - HEAD OF HOUSEHOLD <input type="checkbox"/> 5 - SURVIVING SPOUSE	
D. (339/004) <input type="checkbox"/> EARNINGS WITHHOLDING ORDER FOR STATE TAXES (CCP 706.072); FTB REGISTRATION COLLECTION PROGRAM (Revenue & Taxation Code 10878); FTB STUDENT LOAN COLLECTIONS (GC 16583.5); BOARD OF EQUALIZATION FOR TAXES (CCP 706.074); UNEMPLOYMENT INSURANCE (UI Code 1755); COURT-ORDERED DEBT COLLECTIONS (Revenue & Taxation Code 19280)		\$ _____	
E. (339/007) <input type="checkbox"/> EARNINGS WITHHOLDING ORDER (CCP 706.125): Federally Guaranteed Student Loan Higher Education Act of 1965: 20 USCA Section 1095a		\$ _____	
10. <input type="checkbox"/> SUM OF ALL AMOUNTS DUE AND OWING THIS AGENCY BY DEBTOR FOR SALARY ADVANCES OR FOR ANY OTHER PURPOSE		\$ _____	
11. COMPLETE <b>ONLY</b> IF COURT SPECIFICALLY STATES ( <i>May only be completed with 8B, 8D, and 8E</i> )			
A <input type="checkbox"/> TERMINATION DATE OF EARNINGS WITHHOLDING ORDER (NOT APPLICABLE TO 8D) _____			
B <input type="checkbox"/> MAXIMUM GARNISHMENT AMOUNT DEDUCTIBLE PER MONTH      \$ _____			
C <input type="checkbox"/> SUPPORT EXEMPTION AMOUNT      \$ _____			
D <input type="checkbox"/> SPECIFIC AMOUNT TO BE DEDUCTED PER MONTH      \$ _____			
12. WARRANT TO BE MADE PAYABLE TO			
(Enter Levying Officer File Number for warrants payable to Sheriff's Office or Marshal's Departments (8B and 8E above). All others, enter Case Number.)		Levying Officer File Number / Case Number. <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>	
INDICATE NAME SHOWN ON COURT ORDER, WRIT, LEVY. (Include address if pursuant to FC 150 et seq., 5200 et seq. or PC 3088)		<div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>	
13. REMARKS			
14. FORM COMPLETED BY		TELEPHONE NUMBER	15. PAYROLL INFORMATION CERTIFIED IN ACCORDANCE WITH B/C RULE 660
			AUTHORIZED SIGNATURE _____ DATE _____